O√Probably Benign (BI-RADS 3)

IV Breast Imaging Procedures

O Additional Mammographic Views

10a. Final Imaging Outcome

O Benign Finding (BI-RADS 2)

V Breast Diagnostic Procedures

O Negative (BI-RADS 1)

11a. Type of Procedure O Repeat Breast Exam O Surgical Consultation O Biopsy / Lumpectomy O Fine Needle / Cyst Aspiration

9a. Type of Procedure

O Ultrasound

O**♦**MRI

O♦Skin biopsy

13a. Work-up Status

14a. Final Diagnosis

15a. Treatment Status

O Treatment started

DHCS 8709 (1/13)

O Work-up complete

O*Suspicious Abnormality (BI-RADS 4) O√Unsatisfactory

O Film Comparison to Evaluate an Assessment Incomplete

12a. Other Breast Procedure Performed (♦ Not Covered by EWC)

VI Breast Work-up Status and Final Diagnosis Information

O Lost to follow-up (Two phone calls and certified letter sent)

O No Breast Cancer / Benign—resume annual screening

O Lost to follow-up (Two phone calls and certified letter sent)

O No Breast Cancer / Benign—short-term follow-up

VII Breast Cancer Treatment Information

O Lobular Carcinoma In Situ (LCIS)

Clinician's Signature (optional)

III Additional Procedures Needed to Complete Breast Cycle? 8. O Not needed or planned - Routine rescreen (Resume annual screenings)

O\(\)Not needed or planned - Short term follow-up (Next appointment planned within 12 months) O* Needed or planned - Immediate work-up (Immediate diagnostic work-up is planned)

O Probably Benign (BI-RADS 3)

O Other medical consults

O Other - Please specify

O Suspicious Abnormality (BI-RADS 4)

State of California—Health ar		-		epartment of Health C	
Recipient ID# Recipient Name: Last Provider NPI#	9 A	ENING CYCLE	Date of Birth/	mm/dd/yyyy	Middle
Clinical Breast Exam					
O Yes O Unknown O No	O Normal CO Benign findings CO	Abnormality suspicious for cancer Not needed Needed but not performed at this vis	* Immediate work-up needed	2b. Date of CU	RRENT CBE
3. Current results obtained from	m a non-EWC provider				
I Mammogram				4b. Date of PREVIOUS	Mammagram
	n - Woman doesn't know n - Woman wasn't asked / not record	O Unknown - Woman refu O No	used to answer	4b. Date of PREVIOUS	mm yyyy
5. Reason for CURRENT Mammo O Routine screening mammogram O Initial mammogram for symptoms, ab	Sheet	nammogram		See Instruction Sheet	
O✦No initial mammogram - CBE only o O✦Initial mammogram not paid by EWO			Complete diagnostic referral date (Item 6)	6.+ Breast Diagnostic I	Referral Date nm/dd/yyyy
7a. CURRENT Mammogram Resu O Negative (BI-RADS 1) O Benign Finding (BI-RADS 2)	O*Highly Suggestive of Maligna	ancy (BI-RADS 5) BI-RADS 0) - Needs more imaging	*Immediate work-up needed (Item 8)	7b. Date of CURRENT N	

All dates below must be ON or AFTER the Date of CURRENT CBE / Mammogram •

9b. Date of Procedure

dd

O Unsatisfactory - Radiologist could not read; no final outcome

11b. Date of Procedure

mm

O Highly Suggestive of Malignancy (BI-RADS 5)

mm

O Work-up refused (Patient refused, obtained insurance, moved, or changed PCP)

► Treatment Status required if

Breast Cancer (Item 15)

final diagnosis is DCIS or Invasive

O Died before work-up complete

O ► Invasive Breast Cancer

O Treatment refused

16. Patient enrolled in BCCTP. Check this box ONLY if you have completed the BCCTP enrollment process.

O Treatment not needed

O Died before treatment started

O ► Ductal Carcinoma In Situ (DCIS)

O*Assessment is incomplete (BI-RADS 0) - Needs film comparison

√Short term follow-up

recommended (Item 8)

mm

dd

dd

dd

dd

dd

12b. Date of Procedure

dd

dd

dd

13b. Date of Work-up Status

14b. Date of Final Diagnosis

15b. Date of Treatment Status

Date

mm

mm

mm

mm

10b. Date of Final Imaging Outcome

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yyyy

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